

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Cole
 (b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 15 months

3. (a) PRINT FULL NAME Mrs. Mary Elizabeth Haines

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female / race White 5. Color or race _____
 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife William Haines 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb-- 27 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>11</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Warrensburg, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Jones

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. Johanna Paschal

15. Birthplace Austonia, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Howard C. Snook

(b) Address San Diego, California

17. (a) Burial (b) Date thereof Feb-15-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Thorp Gordon

(b) Address Jefferson City, Missouri

19. (a) 2-16-44 (b) Harold Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
 (c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
 (d) Street No. 720 West McCarty
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15
 year 1944 hour 2:30 minute 0 A. M.

21. I hereby certify that I attended the deceased from Oct. 19, 1943, to Feb. 13, 1944
 that I last saw her alive on Feb. 13, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Lobar)
 Type Type

Due to (Pneumococcus)

Due to Fractured 2 femur

Other conditions 1944
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy 1944

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 3 mos ago 12/1

(c) Where did injury occur? Jeff City Cole mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Fell about home

While at work? _____ (Specify type of place) (e) Means of injury fall

23. Signature J. A. Oussman (M. D. or other) M.D.

Address Jefferson City, Mo. Date signed 2/15/44

Duration

1 week

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 2
District File Number
Date Filed 3/3/44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Frank P. Dulle
Licensed Embalmer No. 3890
P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.